MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

95-E

10127

CERTIFICATE OF DEATH

Reg. Dist. No. 212

1. PLACE OF DEATH:

County Montgomery

City or town Dawsonville (Boyd R.F.D.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 58 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Monty

City or town Dawsonville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Anna C Allnutt

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fem	white	Widowed

6 (b) Name of husband or wife Edwin B. Allnutt

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3 1858

8. AGE: Years 81 | Months 3 | Days 14 | If less than one day hrs. min.

9. Birthplace Buckeystown, Md.
(town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Joseph Chiswell

13. Birthplace Maryland

MOTHER 14. Maiden name Unknown

15. Birthplace "

16. Informant Jonathan Allnutt

Address Dawsonville, Boyd R 1 D

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/21/39 (month) (day) (year)

Cemetery or crematory Monocacy

Location Beallsville Md

18. Funeral director Hilleary & Hall

Address Poolesville Md

19. (Date rec'd by registrar) Oct 20 19 39 E. W. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 19th 1939, at 11:59 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 10th 1939 to present 1939, and that I last saw her alive on October 15th 1939

Immediate cause of death	DURATION
Cerebral sclerosis	about 1 yr.
Due to Arteriosclerosis, general, with heart disease	more than 5 yrs.
Due to Senility	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George D. Selby, M.D.
M.D. or other

Address Dawsonville, Md. Date signed 10-20-39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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NOV 3 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10128

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (59)

County Montgomery Registration Dist. No. 212

Village or City Rockville, Md. No. 105 So. Van Buren St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Albert F. Almoney If U. S. Veteran, specify WAR —

(a) Residence: No. 105 So. Van Buren St., Ward Rockville, Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5a. If marriad, widowed, or divorcad HUSBAND of ~~(or) WIFE of~~ Miriam Pattyman Almoney

6. DATE OF BIRTH (month, dey, and year) Dec. 23, 1858

7. AGE	Years	Months	Deys	If LESS then 1 day, hrs. or min.
	80	9	22	

OCCUPATION

8. Trede, prolassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked et this occupetion (month and yeer)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Jarrett Almoney

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Maxy Ann Birk

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Miss Mary B Almoney (Address) Rockville, Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Rockville Cem. Date Oct. 17, 1939

19. UNDERTAKER Warner E. Plumphreys (Address) Rockville Md.

20. FILED Oct. 16, 1939 Faye Barnsley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct 15, 1939 (Month) (Day) (Yeer)

22. I HEREBY CERTIFY, That I attended deceesad from Oct 14, 1939, to Oct 15, 1939

I last saw h~~im~~ alive on Oct 15, 1939; death is said to have occurred on the date steted ebove, at 300 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Oct. 14

Other Contributory Causes of importance:

Arteriosclerosis
Diabetes

Name of operation Date of

What tast confirmed diegnosis? Was thara an autopsy?

23. If daath was due to external causes (VIDLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.

Manner of injury

Natura of Injury

24. Wes disaase or injury in any way related to occupation of deceasad? No

If so, specify

(Signed) Esther F. Kuhn M. D.

(Address) Rockville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10129

(159)

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 218

Village or City nr. Laytonsville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1/2 hr yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Not Named (5 Mo. Foetus) Anderson If U. S. Veteran, specify WAR

(a) Residence: No. nr. Laytonsville St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F.	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 18, 1939.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) nr. Laytonsville, Md.
(State or country)

FATHER

13. NAME Benj. F. Anderson

14. BIRTHPLACE (city or town) new market,
(State or country) Iowa.

MOTHER

15. MAIDEN NAME Dora Frances Duvall

16. BIRTHPLACE (city or town) nr. Laytonsville
(State or country) Md.

17. INFORMANT Benj. F. Anderson
(Address) R. 1, Gaithersburg, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Home Cemetery Date Oct. 19, 1939

19. UNDERTAKER Roy W. Barber
(Address) Laytonsville, Md

20. FILED 10-19, 1939 R. L. Bell Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct. 18, 1939
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct. 18, 1938, to Oct. 18, 1939

I last saw her alive on Oct. 18, 1939; death is said to have occurred on the date stated above, at 3:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Premature delivery (5 Mo. Foetus)	
Other Contributory Causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any wey related to occupation of deceased?

If so, specify

(Signed) George M. Boyer M. D.

(Address) Damascus, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10130

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

(348)

County Montgomery County Registration Dist. No. 217

Village or City Olney, (Maryland) The Montgomery County General Hospital Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town whera daath occurred ..... yrs. ..... mos. 3 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Laurie Anderson

If U. S. Veteran, specify WAR .....

(a) Residence: No. Glendale, Maryland St., Ward. .....

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow.

5a. If marriad, widowad, or divorcad HUSBAND of (or) WIFE of Henry Clay Anderson.

6. DATE OF BIRTH (month, day, and yaar) March 28, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. Housewife

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. Home -

10. Date deceasad last worked at this occupation (month and yaar) 1939

11. Total tima (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Glendale (State or country) Maryland.

FATHER

13. NAME Truman D. Cross

14. BIRTHPLACE (city or town) Glendale (Stata or country) Maryland.

MOTHER

15. MAIDEN NAME Mary E. Belt.

16. BIRTHPLACE (city or town) Glendale (Stata or country) Maryland.

17. INFORMANT Hospital Records. (Address)

18. ~~BURIAL~~, CREMATION, OR REMOVAL Place Hyattsville, Md. Date 10-7, 1939

19. UNDERTAKER Francis Gasch's Sons. (Address) Hyattsville, Md.

20. FILED Oct. 17, 1939 Gertrude B. Lawler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October 7, 1939 (Month) (Day) (Yaar)

22. I HEREBY CERTIFY, That I attendad deceased from October 2, 1939, to October 7, 1939

I last saw her aliva on October 7, 1939; death is said to have occurred on tha date statad abova, at 4:30 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:

	Date of onset
Cystic fibro myoma of uterus	2
Other Contributory Causes of Importance: Intestinal obstruction	10-3-39

Name of operation Laparotomy Date of 10-3-39

What test confirmed diagnosis? Examination Was thera an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also tha following:

Accident, suicide, or homicida? ..... Date of injury ....., 19.....

Whara did injury occur? ..... (Specify city or town, county and State)

Specify whathar injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.

Mannar of injury .....

Natura of injury .....

24. Was disaasa or injury in any way related to occupation of deceased? .....

If so, spacify .....

(Signad) J M B M. D.

(Address) Sandy Springs, Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-8)

10131

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:

County Montgomery

City or town Olney, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Montg. Co. General Hosp.

Stay in hospital or inst. (yrs., or mos., or days) 1 day

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Gaithersburg, Md. R.F.D. Ward No. #1
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Goshen
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Eleanor H. Barnsley

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: white

6.(a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband ~~or wife~~ J. Ivan Barnsley

6(c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) December 6, 1899

8. AGE: Years 39 Months 10 Days 15 If less than one day ____ hrs. ____ min.

9. Birthplace Frederick, Maryland.
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business Home.

FATHER
12. Name Edwin S. Houck
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden name Susanna B. Hammitt
15. Birthplace Frederick, Md.

16. Informant Hospital records

Address

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof Oct. 24, 1939
(month) (day) (year)

Cemetery or crematory Mt. Olivet Cem., Frederick, Md

Location Frederick, Md.

18. Funeral director Wm. Reuben Pumphrey

Address 300 W. Montgomery Ave., Rockville, Md

19. Oct. 23 1939 Gertrude B. Lawler
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 21 1939, at 6 35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 20 1939, to October 21 1939, and that I last saw her alive on October 21 1939.

Immediate cause of death General ~~Intestinal~~ Peritonitis, — DURATION 3 mos?

Due to —

Sarcoma of omentum

Due to C.W.G.R.

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations ascites, multiple lesions omentum,

Of autopsy no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE [signature] M. D. or other

Address Sandy Spring, Md Date signed

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10132

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48)

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:

County Montgomery County

City or town Olney, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: The Montgomery County General Hospital Inc.

Stay in hospital or inst. (yrs., or mos., or days) 48 days

Stay in this community (yrs., or mos., or days) 48 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Gaithersburg, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Woodfield
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mrs. Mary Beall

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband ~~or wife~~ Mr. Harry Beall

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) December 28, 1898

8. AGE: Years 40 | Months 9 | Days 10 | If less than one day — hrs. — min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business Home.

FATHER
12. Name Charles Lowrey
13. Birthplace Maryland.

MOTHER
14. Maiden name Annie McCanley
15. Birthplace Maryland.

16. Informant Hospital Records

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 12 1939 (month) (day) (year)

Cemetery or crematory Bethesda

Location Brownsville Md.

18. Funeral director J B Beall Inc.

Address Damascus Md.

19. Oct. 10 1939 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 10 1939, at 7 10/8 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 23 1939, to October 10 1939, and that I last saw her alive on October 10 1939.

Immediate cause of death Secondary anemia — DURATION 2 mos

Due to Hemorrhage

Due to

Other conditions Adenocarcinoma of uterus — 12 mos
(Include pregnancy within 3 months of death)

Major findings:
Of operations Malignancy on diagnostic curettage
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE [signature] M. D. or other

Address Sandy Spring, Md. Date signed 10/10/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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10133

STATE OF MARYLAND—CERTIFICATE OF DEATH

(50)

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 216

Village or City Chevy Chase No. 36 Drummond Ave. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Melba Stucky Billig If U. S. Veteran, specify WAR

(a) Residence: No. 36 Drummond Ave. St., Ward. Chevy Chase
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Thomas C. Billig

6. DATE OF BIRTH (month, day, and year) October 31, 1895

7. AGE: Years 43 | Months 11 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. housewife
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year) Oct. 1938
11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) Pittsburgh (State or country) Penn.

FATHER
13. NAME Emil J. Stucky
14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER
15. MAIDEN NAME Pauline Lemmer
16. BIRTHPLACE (city or town) Pittsburgh (State or country) Penn.

17. INFORMANT Mr. Thomas C. Billig
(Address) 36 Drummond Ave., Chevy Chase.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place St Lincoln Date 10/31 - 1939

19. UNDERTAKER The S H Lines Co
(Address) 2901-14th St N.W.

20. FILED 10-29- 1939 Thomas K. Comag
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 28 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1939, to Oct. 28, 1939

I last saw her alive on Oct. 23, 1939; death is said to have occurred on the date stated above, at 11.50 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of breast	June 1936

Other Contributory Causes of Importance:

Name of operation Removal of tumor (left breast) Date of March 1937

What test confirmed diagnosis? laboratory Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Katharine A. Chapman M. D.

(Address) 20 W. Balto St., Kensington

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or at **home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10134

1. PLACE OF DEATH (1170)

County Montgomery Registration Dist. No. 214

Village or City Silver Spring R.F.O. No. Cedarcroft Sanitarium Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William T. Bradshaw If U. S. Veteran, specify WAR .....

(a) Residence: No. 1807 Belmont St., N.W. Ward. Washington, D.C.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	divorced

5a. If ~~married, widowed, or~~ divorced ~~HUSBAND of (or) WIFE of~~ Ex-Husband of Sylvia ?

6. DATE OF BIRTH (month, day, and year) ? 1899

7. AGE Years	Months	Days	If LESS than f day, ... hrs. or ..... min.
40	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Salesman -

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Watson Automotive Equipment

10. Date deceased last worked at this occupation (month and year) Co. ff. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Windsor, (State or country) Va.

FATHER

f3. NAME Robert Edw. Bradshaw

f4. BIRTHPLACE (city or town) Windsor, (State or country) Va.

MOTHER

15. MAIDEN NAME Rena Cox

f6. BIRTHPLACE (city or town) ..... (State or country) Va.

17. INFORMANT Paul C. Bradshaw (Address) Crewe, Va.

f8. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~ Place Fort Lincoln Cem. Oct 2nd, f9 39

19. UNDERTAKER Warner E. Pumphrey (Address) Silver Spring, Md.

20. FILED Oct 2, 1939 F. E. Bradley Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 1 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., f9.....

I last saw h..... alive on ....., f9.....; death is said to have occurred on the date stated above, at 9:55 P.m. 10/1/39

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Acute alcoholism

Date of onset

Other Contributory Causes of Importance: Probably gastric ulcer with hemorrhage.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., f9.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. E. Haw M. D.

(Address) Rockville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (146) tr

10135

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
County Montgomery County
City or town Olney, Maryland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: The Montgomery County General Hospital Inc
Stay in hospital or inst. (yrs., or mos., or days) 5 hrs.
Stay in this community (yrs., or mos., or days) 5 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince Georges Co.
City or town ~~Capitol View~~ Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Muirkirk Md
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Harriet Braxton

3. (b) Social Security Number

4. Sex: Female
5. Color or race: Col
6. (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) April 15, 1925
8. AGE: Years 14 Months 6 Days 17 If less than one day ____ hrs. ____ min.
9. Birthplace Institution Md. (Town, county, and state)
10. Usual occupation Housework
11. Industry or business
FATHER 12. Name James Thomas
13. Birthplace Virginia
MOTHER 14. Maiden name Hester Munson
15. Birthplace Chestertown, Md.
16. Informant Hospital records.
Address Sandy Spring Md
17. (Burial, cremation, or removal. Which?) Date thereof Oct. 14 1939 (month) (day) (year)
Cemetery or crematory Muirkirk Md.
Location Muirkirk Cemetery
18. Funeral director The H C White Co. Inc
Address Laurel Md
19. Oct 14 1939 (Date rec'd by registrar) Marguerite T. Milner Deputy Clerk Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 12 1939, at 2 30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw her alive on Oct. 12 1939.

Immediate cause of death	DURATION
Eclampsia	10-12-39
Due to Pregnancy	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE B P Warren M. D. or other
Address Laurel Md Date signed 10.13.39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157-d)

CERTIFICATE OF DEATH

10136

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery County

City or town Olney, Maryland.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
The Montg. Co. General Hosp.

Stay in hospital or inst. (yrs., or mos., or days) 43 days.

Stay in this community (yrs., or mos., or days) 43 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Lewisdale Ward No.
(If ontside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Gladys May Copeland.

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15, 1939.

8. AGE: Years | Months 6 | Days 22 | If less than one day hrs. min.

9. Birthplace Lewisdale, Maryland (Town, county, and state) (Infant)

10. Usual occupation Infant

11. Industry or business

FATHER 12. Name James Leroy Copeland

13. Birthplace Cedar Grove, Md.

MOTHER 14. Maiden name Sadie Monroe

15. Birthplace Montg. Co. Md.

16. Informant Hospital records.

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 8-1939 (month) (day) (year)

Cemetery or crematory Fountain Mills Mem

Location Montgomery Co Md

18. Funeral director Roy W. Barber.

Address Gaithersburg Md

19. Oct. 7 1939 (Date rec'd by registrar) Kenneth B. Lawson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 7 1939, at 2 PM

21. I CERTIFY that death occurred on the date above etated; that I attended deceased from August 25 1939, to October 7 1939, and that I last saw her alive on October 7 1939.

Immediate cause of death	DURATION
Tremblers Anemia	4 wks.
Due to Starvation.	
Due to	
Other conditions Pyloric Stenosis	6 mts.

(Include pregnancy within 3 months of death)

Major findings:
Of operations None.

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. M. B'l M. D. or other

Address Sandy Spring, Md Date signed 10/7/39

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NOV 8 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10137

1. PLACE OF DEATH (50)

County Montgomery Registration Dist. No. 213

Village or City Rockville No. 200 W. Montgomery Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 mos. ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edna Davies If U. S. Veteran, specify WAR No

(a) Residence: No. 200 Montgomery St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F.	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Davies

6. DATE OF BIRTH (month, day, and year) Mar. 6, 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Orange Virginia

FATHER

13. NAME Burrus Munday

14. BIRTHPLACE (city or town) (State or country) Albemarle County Md.

MOTHER

15. MAIDEN NAME Mary Goodman

16. BIRTHPLACE (city or town) (State or country) Orange Va.

17. INFORMANT (Address) W. C. Coffey 200 - Montgomery Ave - Rockville

18. BURIAL, CREMATION, OR REMOVAL Place SHARRON CHAPEL FAIRFAX CO. VA Date OCT 23, 1939

19. UNDERTAKER (Address) Wm. Reuben Pumphrey Rockville Maryland

20. FILED Oct. 22, 1939 Faye Barnsley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 20 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from Aug 19-34, 1934, to Oct 20, 1939

I last saw her alive on Oct 20, 1939; death is said to have occurred on the date stated above, at 7 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma of left breast. | Date of onset

Other Contributory Causes of importance:

Toxemia

Name of operation Mastectomy Date of 1935

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Francis J. Sharpe M. D.

(Address) 3323-O-Ft-NW.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 6, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (948)

10138

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Montgomery
City or town Glen Echo
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 12 - Tulane Avenue
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 40 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Glen Echo Ward No. 1
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 12 - Tulane Ave -
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No -

3. (a) FULL NAME William Thomas Denell

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Clara M Denell
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) December 23, 1874

8. AGE: Years 64 | Months 10 | Days 5 | If less than one day ____ hrs. ____ min.

9. Birthplace Prince Geo. Co. Maryland (Town, county, and state)

10. Usual occupation

11. Industry or business U. S. Government Employee

FATHER 12. Name Mark Denell
13. Birthplace Maryland

MOTHER 14. Maiden name Annie Windsor
15. Birthplace Prince Geo. Co. Maryland

16. Informant Mrs. Clara M. Denell
Address Glen Echo Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 31/39 (month) (day) (year)
Cemetery or crematory Potomac Methodist Church
Location Potomac - Maryland

18. Funeral director Wm. Reuben Dimpfheimer
Address Rockville & Bethesda Md

19. 10-30 1939 (Date rec'd by registrar) B.C. Perry M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 28 1939, at 10.50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 12 1939, to Oct 28, 1939, and that I last saw him alive on Oct 28, 1939.

Immediate cause of death Coronary Occlusion — DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE E. G. Davenfeed M.D.
M. D. or other
Address Bethesda, Md Date signed Oct 30-39

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STATE OF MARYLAND—CERTIFICATE OF DEATH

10139

(50)

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 223-

WITHIN CORPORATE LIMITS

Village or City Takoma Park No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Geraldine C. Dennis

(a) Residence: No. 215 Takoma Ave., St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Lindley Dennis

6. DATE OF BIRTH (month, day, and year): January 16, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Own home

10. Date deceased last worked at this occupation (month and year): 5-9-39

11. Total time (years) spent in this occupation: 35

12. BIRTHPLACE (city or town) (State or country): Orangeville, Penna.

FATHER

13. NAME: Henry C. Conner

14. BIRTHPLACE (city or town) (State or country): Orangeville, Penna

MOTHER

15. MAIDEN NAME: Harriet Gearhart

16. BIRTHPLACE (city or town) (State or country): Cambra, Penna

17. INFORMANT (Address): Wash. San. & Hospital Records, Takoma Park, Md.

18. BURIAL, CREMATION, OR REMOVAL — Place: Wash. D.C. Date: 10/27, 1939

19. UNDERTAKER (Address): S. T. Hines Co 2901 - 14th St. N.W.

20. FILED 10/31, 1939 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 27 (Dey), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from May 9, 1939, to Oct 27, 1939

I last saw h- alive on Oct 27, 1939; death is said to have occurred on the date stated above, at 12:45 P.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
(a) Cerebral thrombosis (acute)	
Intolerance to liver extracts,	
Abdomen, Ascites	
Other Contributory Causes of importance:	
Gastric carcinoma	
Cachexia	

Name of operation: Biopsy Date of: Oct 25

What test confirmed diagnosis? None neid Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following: 0

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? 0

If so, specify

(Signed) Chas. W. Holohan, M. D.

(Address) Takoma Park, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (160-L)

10140

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:

County Montgomery

City or town Olney, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: The Montgomery Co. General Hospital

Stay in hospital or inst. (yrs., or mos., or days) 11 hrs 47 min.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Rockville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Micheal Robert Duvall

3. (b) Social Security Number Infant

4. Sex Male

5. Color or race white

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife -

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 15, 1939

8. AGE: Years | Months | Days | If less than one day 11 hrs. 47 min.

9. Birthplace Olney, Montgomery Co., Md.
(Town, county, and state)

10. Usual occupation none

11. Industry or business -

FATHER
12. Name Gordon Duvall
13. Birthplace Etchison, Md.

MOTHER
14. Maiden name Hannah Norris
15. Birthplace Rockville Md.

16. Informant Hospital Records

Address

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof Oct 17, 1939
(month) (day) (year)

Cemetery or crematory St. Marys

Location near Rockville Md.

16. Funeral director Wm Reuben Pumphrey.

Address Rockville Md.

19. Oct. 16 1939 Gertrude B. Lawler
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 16 1939, at 10 45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 15 1939, to October 16 1939, and that I last saw him alive on October 16 1939.

Immediate cause of death: Hemorrhagic (aspiration) pneumonia, both lungs

Due to Difficult second stage.

Due to

Other conditions: Wassermann negative. No toxaemia. Normal delivery, not operative. 12 hrs labor.
(Include pregnancy within 8 months of death)

Major findings:

Of operations not operated

Of autopsy: Hemorrhagic (aspiration) pneumonia. No intracranial injury. Heart normal. Thymus normal size.

CURATION: Since birth.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE Wm A. Linthicum M.D.
M. D. or other

Address Rockville, Md. Date signed Oct. 16/39.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92a)

10141

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery

City or town Poolesville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 15 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Monty

City or town Poolesville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Isaac Newton Emmert

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	widowed

6 (b) Name of husband or wife Alice Emmert

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 19 - 1845

8. AGE:

Years	Months	Days	If less than one day
94	11	1	hrs. min.

9. Birthplace Washington Co. Maryland (Town, county, and state)

10. Usual occupation Retired farmer

11. Industry or business

FATHER 12. Name Michael Emmert

13. Birthplace Maryland

MOTHER 14. Maiden name Susanna Hershey

15. Birthplace Maryland

16. Informant Miss Mary Emmert

Address Poolesville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/23/39 (month) (day) (year)

Cemetery or crematory Rose Hill

Location Hagerstown, Md.

18. Funeral director Wilton & Hall

Address Poolesville, Md.

19. Oct 22 1939 (Date rec'd by registrar) E W White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 20 1939, at 11 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1937 to Oct 20 1939, and that I last saw him alive on Oct 20 1939.

	DURATION
Immediate cause of death Acute myocarditis	2 days
Due to Arterial Sclerosis	10 yrs
Due to Mitral Insufficiency	10 yrs
Due to	
Other conditions Arthritis	1933

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E W White M. D. or other

Address Poolesville Date signed Oct 23/39

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STATE OF MARYLAND—CERTIFICATE OF DEATH

10142

1. PLACE OF DEATH (94a)

County Montgomery Registration Dist. No. 218

Village or City Mr Etchison No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Arunah I. Fitzsimmons If U. S. Veteran, specify WAR

(a) Residence: No. Mr Etchison St., Ward. If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy Catherine Fitzsimmons

6. DATE OF BIRTH (month, day, and year) May 20, 1875

7. AGE Years 66 Months 4 Days 20 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. General Farming

10. Date deceased last worked at this occupation (month and year) Apr. 39

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Buckystown Md.

FATHER

13. NAME John I Fitzsimmons

14. BIRTHPLACE (city or town) (State or country) Urbanna Md.

MOTHER

15. MAIDEN NAME Nannie Thomas

16. BIRTHPLACE (city or town) (State or country) Adamstown Md.

17. INFORMANT Mrs. Lucy C. Fitzsimmons

(Address) R. D. Gaithersburg Md

18. BURIAL, CREMATION, OR REMOVAL Bamsville

Place Buried Date 10/13/39, 19

19. UNDERTAKER Wm. Hilton

(Address) Damesville Md.

20. FILED Oct. 11, 1939 W. D. Bell Dept. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct. (Month) 10 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept. 29, 1939, to Oct. 10, 1939

I last saw him alive on Oct. 10, 1939; death is said to have occurred on the date stated above, at 10 45 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Angina Pectoris — Date of onset 1 yr ago

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) George M. Boyer M. D.

(Address) Damascus, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10143

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (957)

County Montgomery Registration Dist. No. 21 8

Village or City Gaithersburg Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 52 yrs. — mos. — ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Elsie Frazier If U. S. Veteran, specify WAR

(a) Residence: No. Gaithersburg Md St., Ward. No Social Security number

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Matilda Frazier

Matilda Frazier

6. DATE OF BIRTH (month, day, and year) Marion 3-1887

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
52	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Labor

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. — —

10. Date deceased last worked at this occupation (month and year) Jan 1938

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

FATHER

13. NAME William Frazier

14. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

MOTHER

15. MAIDEN NAME Sarah McCabe

16. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

17. INFORMANT Mrs Matilda Frazier (Address) Gaithersburg Md

18. BURIAL, CREMATION, OR REMOVAL Place Brookside Md Date Oct 6, 1939

19. UNDERTAKER Roy W Barber (Address) Gaithersburg Md

20. FILED 10/5/39 L. B. Bell Registrar. Dept

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct. (Month) 2 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ____, 1938 to Oct. 2, 1939

I last saw him alive on Sept. 30, 1939; death is said to have occurred on the date stated above, at 8 ____ m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Hypertensive Heart dis	
Chronic.	Unknown

Other **Contributory Causes** of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ____

Nature of Injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) George M. Boyer M. D.

(Address) Damascus, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

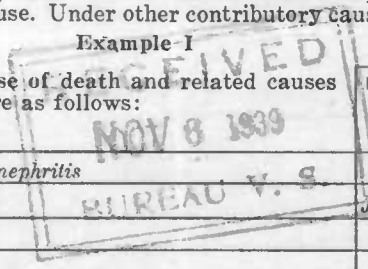
8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:



Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10144

CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Mont -
City or town Olney
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution Mont Co Gen Hosp -
Stay in hospital or inst. (yrs., or mos., or days) 1 day
Stay in this community (yrs., or mos., or days) 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants, give residence of mother)
State Md County P. Geo
City or town Beltsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Freundt

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fem	white	sing -

6 (b) Name of husband or wife none

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-18-39

8. AGE: Years	Months	Days	If less than one day
0	0	0	0 hrs. 0 min.

9. Birthplace Mont Co Gen Hosp -
(Town, county, and state)

10. Usual occupation Olney, Maryland

11. Industry or business

FATHER
12. Name Walter Freundt
13. Birthplace Pittsburg Pa

MOTHER
14. Maiden name Leonora Dudley
15. Birthplace Altoona Pa

16. Informant Hosp Records -
Address Olney Md

17. Burial Date thereof 10-19-39
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Beltsville Md
Location

18. Funeral director Lloyd Kaiser
Address Laurel Md

19. Oct. 19 1939
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION Stillborn

20. DATE OF DEATH 10-18-39 19 at 7:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10-18- 1939 to 10-18- 1939 and that I last saw h alive on 10-18-39 19

Immediate cause of death	DURATION
Stillbirth	
Due to Toxemia of Pregnancy	unknown
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations nil
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J M Warren M. D. or other
Address Laurel Md Date signed 10/18/39

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (59)

10145

CERTIFICATE OF DEATH

Reg. Dist. No. 214

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County: Montgomery

City or town: Silver Spring
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 1115 Summerfield st

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 1 yr 7 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: County:

City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Julia Graff

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Albert Karl Graff

6(c) If alive, give age: —— years

7. Birth date of deceased (mo., day, yr.): July 27, 1864

8. AGE: Years: 75 | Months: 3 | Days: — | If less than one day: ____ hrs. ____ min.

9. Birthplace: Bromberg, Germany
(Town, county, and state)

10. Usual occupation: None

11. Industry or business: —

FATHER
12. Name: —
13. Birthplace: —

MOTHER
14. Maiden name: —
15. Birthplace: —

16. Informant: Mrs H. L. Miller

Address: 1115 Summerfield St. Silver Spring

17. Removal (Burial, cremation, or removal. Which?) Date thereof Oct 27-1939 (month) (day) (year)

Cemetery or crematory:

Location: Washington, D. C. W. W. Chambers Co.

18. Funeral director:

Address: 1700 Chapin St. Washington, D. C.

19. Oct 27 19 39 (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 27 19 39, at 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 19 19 39, to Oct 27 19 39, and that I last saw her alive on Oct 27, 19 39.

Immediate cause of death	DURATION
Cerebral thrombosis	7 days
Due to Arteriosclerosis	
Due to	
Other conditions Diabetes Mellitus	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: William D. Cuff M.D.
M. D. or other.

Address: 8107 Colesville Rd Silver Spring, Md. Date signed 10/27/39

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BUREAU V. S.

10146

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 214

Village or City Silver Spring No. 744 Thayer St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME GRAVES, LEWIS BENJAMIN FRANKIN

(a) Residence: No. 744 Thayer Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ROSA MARY FIDLER

6. DATE OF BIRTH (month, day, and year): JULY 22, 1861

7. AGE: Years 78 | Months 2 | Days 14 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Merchant

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Own Store

10. Date deceased last worked at this occupation (month and year): 1925 Retired 14 years

11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (city or town) (State or country): Sligo, Md.

FATHER

13. NAME: Lewis Graves

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Catherine Linderman

16. BIRTHPLACE (city or town) (State or country): Germany -

17. INFORMANT (Address): Mrs L. B. F. Graves

18. BURIAL, CREMATION, OR REMOVAL

Place Washington Mem Park Date Oct. 9, 1939.

19. UNDERTAKER (Address): J. Arthur Walters, 254 Carroll St. Takoma Park, D.C.

20. FILED Oct 6, 1939 F. E. Hudley Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct. (Month) 6 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ___, 1925, to Oct 6, 1939

I last saw him alive on Oct. 6, 1939; death is said to have occurred on the date stated above, at 11:08 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Angina Pectoris	April 39

Other Contributory Causes of importance:

Arterio Sclerosis	1936

Name of operation None Date of

Whet test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury ___, 19___

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. W. Mitchell M. D.

(Address) Silver Spring, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (59)

CERTIFICATE OF DEATH

10147

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Montgomery
City or town: Cabin John Park
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Montgomery
City or town: Cabin John Park Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Pauline Amalie Hannen

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Joseph H. Hannen
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Aug. 29, 1874

8. AGE: Years	Months	Days	If less than one day
65	1	5	hrs. min.

9. Birthplace: Washington, D.C. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
FATHER 12. Name: Karl A. Knoblock
13. Birthplace: Germany
MOTHER 14. Maiden name: Amalie Roesler
15. Birthplace: Germany
16. Informant: Paul T. Hannen
Address: Second Ridge Rd., Cabin John, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 6, 1939 (month) (day) (year)
Cemetery or crematory: Prospect Hill
Location: Washington, D.C.
18. Funeral director: Wm. Reuben Pumphrey
Address: 7005 Wisconsin Ave., Bethesda, Md.
19. Oct. 6th 1939 (Date rec'd by registrar) B.C. Berry, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 4 1939, at 9:15 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 9 1937 to Oct. 4 1939, and that I last saw h alive on Sept. 30 1939.

Immediate cause of death	DURATION
cerebral hemorrhage	two minutes
arterial sclerosis; hypertension	10 years +
Due to cardiac hypertrophy	
Due to	
Other conditions diabetes	5 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Julia M. Green M.D.
M. D. or other
Address: 1726 Eye St. N.W. Washington, D.C. Date signed: Oct. 6, 1939

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BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (92-a)

10148

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH:
County Montg Co,
City or town Gaithersburg R F D
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 15yre

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Montg.
City or town Gaithersburg — outside Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Enos S Harnden

3. (b) Social Security Number None

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Widower
6 (b) Name of husband or wife Ida S Harnden
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Unknown
8. AGE: Years About 75years, Months Days If less than one day hrs. min.
9. Birthplace Michagan (Town, county, and state)
10. Usual occupation Carpender
11. Industry or business
FATHER 12. Name Unknown
13. Birthplace "
MOTHER 14. Maiden name Unknown
15. Birthplace "
16. Informant Donald D Lamond, Tacoma Park MD
Address
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 16th 39 (month) (day) (year)
Cemetery or crematory Glenwood Cemetary Washington D C
Location
18. Funeral director Ernest C Gartner Gaithersburg Md
Address
19. Oct. 14 1939 (Date rec'd by registrar) Alsuda G. Cooke Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 14th 1939, at 9-15 AM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1938, to Oct 14 1939, and that I last saw him alive on Oct 13 1939.

Immediate cause of death	DURATION
Cerebral hemorrhage	10-12-39
Due to hypertension	2 yrs
Due to Chronic Valvular heart disease	2 yrs
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE F. J. Broschart M.D. M. D. or other
Address Gaithersburg Md. Date signed 10-14-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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BUREAU V. S.

10149

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County Montgomery

City or town 25 West Kirk St., Chevy Chase, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 25 W. Kirk st. ch. ch. Md.

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 21 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Chevy Chase Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 25 W. Kirk st
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME (Mrs.) Mary Louise Holbrook

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife T. W. J. Holbrook

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Dec. 18, 1849

8. AGE: Years	Months	Days	If less than one day
89	9	27	____ hrs. ____ min.

9. Birthplace New York State
(Town, county, and state)

10. Usual occupation House wife.

11. Industry or business

FATHER
12. Name Joseph C. Fay
13. Birthplace New York

MOTHER
14. Maiden name Catherine Lally
15. Birthplace New York

16. Informant F. S. Holbrook

Address 25 West Kirk St., Chevy Chase, Md.

17. Cremation (Burial, cremation, or removal. Which?) Date thereof Oct. 17-1939 (month) (day) (year)

Cemetery or crematory Cedar Hill

Location Prince Geo. Co. Md

18. Funeral director Wm. Reuben Pumphrey

Address Rockville & Bethesda Md

19. Oct. 17th 1939 (Date rec'd by registrar) B. C. Perry, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 15 1939, at 8 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 20 1938 to Oct. 15 1939, and that I last saw her alive on Oct. 15 1939.

Immediate cause of death Congestive Heart Failure — DURATION 3 days

Due to Cardio-vascular renal disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury Injured at work?

23. SIGNATURE Sidney C. Cousins M.D. M. D. or other

Address 3921 Ingaman St Date signed 10/16/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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NOV 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10150

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

(157a)

County Montgomery Registration Dist. No. 264

Village or City Wheaton No. Wheaton Road St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 5 mos. 13 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Mildred Jennings

If U. S. Veteran, specify WAR

(a) Residence: No. Wheaton Road St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Fe	White	Single. Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, dey, end year) May 18 1938

7. AGE Years	Months	Days	If LESS than 1 dey, hrs. or min.
1	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc. Infant

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Data deceasad last workad at this occupation (month and yeer)

11. Total tima (years) spent in this occupation

12. BIRTHPLACE (city or town) Takoma Park
(State or country) Md

FATHER

13. NAME Alfred Harry Jennings

14. BIRTHPLACE (city or town) Krugina
(Stete or country) South africa

MOTHER

15. MAIDEN NAME Anna Hill

16. BIRTHPLACE (city or town) Tampa
(State or country) Fla.

17. INFORMANT Mrs A. M. Jennings
(Address) Wheaton Road

18. BURIAL, CREMATION, OR REMOVAL
Place Nash. Memorial Park Date Nov. 1, 1939

19. UNDERTAKER J. Arthur Walters
(Address) 254 Carroll St. Takoma Park, D.C.

20. FILED Oct 30, 1939 T. E. Hindley Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October 30, 1939
(Month) (Dey) (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1939, to Oct 30, 1939

I last saw h[illegible] alive on Oct 29, 1939; death is said to have occurred on the date stated above, at 3 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Hydrocephalus (congenital	
Spina bifida "	

Other Contributory Causes of importance:

Name of operation Date of

What test confirmad diegnosis? Was thera an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also tha following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of Injury

Netura of injury

24. Was disease or injury in any way releted to occupation of deceased?

If so, specify

(Signed) A. R. Coyne M. D.

(Address) Takoma Park. Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED NOV 6 1939 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93)

10151

CERTIFICATE OF DEATH

Reg. Dist. No. 218

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Montgomery
City or town Emory Grove R.F.D.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 23 Jrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Montgomery
City or town Emory Grove Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Laura E Johnson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Col	Widowed

6 (b) Name of husband or wife Thomas Johnson
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 24, 1854

8. AGE: Years	Months	Days	If less than one day
85	10	7	hrs. min.

9. Birthplace Washington D C (Town, county, and state)
10. Usual occupation Domestic
11. Industry or business
FATHER 12. Name Unknown
13. Birthplace Unknown
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown
16. Informant Robert Thompson
Address Gaithersburg Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 2 1939 (month) (day) (year)
Cemetery or crematory Emory Grove Md
Location Montgomery Co. Md
18. Funeral director Roy W Barber
Address Gaithersburg Md
19. Nov. 1 (Date rec'd by registrar) 1939 Arnold H Cooke Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 31 1939, at 11 20 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 15 1939 to Oct 31 1939, and that I last saw her alive on Oct 30 1939.

Immediate cause of death Arteriosclerosis — DURATION 16 yrs
Due to Chronic Myocarditis — Duration unknown
Due to
Other conditions Malnutrition — Unable to take nourishment for several days
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE Roy W Barber M.D. M. D. or other
Address Gaithersburg Md Date signed 11-1-39

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NOV 6 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10152

1. PLACE OF DEATH (115a)

County Montgomery — Registration Dist. No. 214

Village or City White Oak, Silver Spring St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Jones James Edward

(a) Residence: No. White Oak St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	C	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Dec 3 1938

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) White Oak (State or country) Md.

FATHER

13. NAME Frank Jones

14. BIRTHPLACE (city or town) Phoenix Arizona (State or country)

MOTHER

15. MAIDEN NAME Pearl Strickly

16. BIRTHPLACE (city or town) Phoenix Arizona (State or country)

17. INFORMANT Frank Jones (Address) White Oak

18. BURIAL, CREMATION, OR REMOVAL Place Good Hope Colesville Date Oct 17, 1939

19. UNDERTAKER Robert L. Snowden (Address) ROCKVILLE MD

20. FILED Oct 17, 1939 F. E. Wadley Jr. Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 15 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1939, to Oct. 15, 1939

I last saw him alive on Oct 15, 1939; death is said to have occurred on the date stated above, at 11 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Peritonsillar Abscess	10-8-39

Other Contributory Causes of Importance:

Terminal Pneumonia streptococcus	10-14-39

Name of operation No Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. W. Mitchell M. D.

(Address) Silver Spring, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10153

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH (948)

County Montgomery. Registration Dist. No. 2-14

Village or City Colesville, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Frank A. Junghans If U. S. Veteran, specify WAR

(a) Residence: No. Colesville Md St. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 20, 1890

7. AGE	Yeers	Months	Deys	If LESS than 1 day, hrs. or min.
	49	1	9	

OCCUPATION

8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Carpenter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and yeer)

11. Totel time (yeers) spent in this occupation

12. BIRTHPLACE (city or town) (Stete or country) D. C.

FATHER

13. NAME Frank Junghans

14. BIRTHPLACE (city or town) (Stete or country) D. C.

MOTHER

15. MAIDEN NAME Bridget Spain

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Michael P. Junghans
(Address) 810 Monty. Ave, S.S., Md

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Mt. Olivet Cem. Date Oct. 31, 1939

19. UNDERTAKER Warner E. Pumphrey
(Address) Silver Spring, Md.

20. FILED Oct. 30, 1939 S. E. Dudley Registrar.
Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 10 (Month) 29 (Day), 1939 (Yeer)

22. I HEREBY CERTIFY, That I attended deceased from Coroner Case, 19 to , 19

I lest saw h alive on , 19 ; deeth is said to heve occurred on the dete steted ebove, et 1 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:

	Date of onset
(a) Coronary Thrombosis	

Other Contributory Causes of importence:

Neme of operation Date of

What test confirmed diagnosis? Wes there an autopsy? No

23. If death wes due to externel ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Dete of Injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury

Neture of injury

24. Was disease or injury in any wey related to occupation of deceased?

If so, specify

(Signed) C. E. Hawkes M. D.

(Address) Rockville Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Date of onset	Example II	Date of onset
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Found dead on porch of home sitting in a chair on Colesville pike one mile north of Colesville Md

STATE OF MARYLAND—CERTIFICATE OF DEATH

10154

(131)

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 216

Village or City Mochican Hills md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 16 yrs. 4 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Marie Kile If U. S. Veteran, specify WAR

(a) Residence: No. Mochican Hills St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Morris Kile

6. DATE OF BIRTH (month, day, and year) Aug - 11 - 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Grave Port (State or country) Ohio

FATHER

13. NAME Moses Zinn

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Thressia Thorpe

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mr O. M. Kile (Address) Mochican Hills md.

18. BURIAL, CREMATION, OR REMOVAL Place Fort Lincoln Date 10 - 17 , 1939

19. UNDERTAKER S. H. Hines Co. (Address) 2401 - 14 th N.W.

20. FILED Oct. 16th, 1939 B. C. Berry M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October 16 (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from January 1st, 1929, to October 15, 1939

I last saw h alive on October 15, 1939; death is said to have occurred on the date stated above, at 5:15 P. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Myocarditis & Dilatation,	
Hypertension & Chr. Interstitial	
Nephritis -	

Other **Contributory Causes** of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Davenport White M. D.

(Address) 2126 Conn. Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10155

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 223

WITHIN CORPORATE LIMITS OF

Village or City Takoma Park No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Adrienne Labon Koester If U. S. Veteran, specify WAR

(a) Residence: No. 45 Columbia Ave St., Ward. Hyattsville, Maryland

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) October 1, 1938

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	1		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Takoma Park (State or country) Maryland

FATHER

13. NAME Clifton Arthur Koester

14. BIRTHPLACE (city or town) Washington (State or country) D. C.

MOTHER

15. MAIDEN NAME Ruth Alexander Windas

16. BIRTHPLACE (city or town) Bayonne (State or country) N. J.

17. INFORMANT Washington San. & Hospital Records (Address) Takoma Park, Maryland

18. BURIAL, CREMATION, OR REMOVAL Place Bladensburg Md Date 10-8, 1939

19. UNDERTAKER F. Gasch's Sons (Address) Hyattsville Md.

20. FILED Oct 7th, 19 J. Dudley Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 1 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1938, to Oct 7, 1939

I last saw her alive on Oct 7, 1939; death is said to have occurred on the date stated above, at 10 p m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Otitis Media (left) with Convulsion — Date of onset 10-6-39

Other Contributory Causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) Lawrence W. Mabin M. D.

(Address) Riverdale, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—**private family, cook—hotel**, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

10156

STATE OF MARYLAND—CERTIFICATE OF DEATH

(131)

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 216

Village or City Chevy Chase No. 205 Taylor St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Elizabeth Kroger

(a) Residence: No. 205 Taylor St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 25, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Brooklyn N. Y.

FATHER

13. NAME Bernard Kroger

14. BIRTHPLACE (city or town) (State or country) Holland

MOTHER

15. MAIDEN NAME Jane J. Ryan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Bernard D. Kroger (Address) 205 Taylor St. Chevy Chase Md.

18. BURIAL, CREMATION, OR REMOVAL Place Wash D.C. Date 10/12, 1939

19. UNDERTAKER Francis J. Collins (Address) 3619-14th St. NW. Wash D.C.

20. FILED 10-12, 1939 Thomas K. Conrad Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 11 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from Sept 26, 1939, to October 11, 1939

I last saw her alive on October 11, 1939; death is said to have occurred on the date stated above, at 10:25 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
(1) Chr endocarditis	?
(2) Chr myocarditis	?
(3) Chr nephritis	?
(4) Hypertension	

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Logan M. D.

(Address) 6001 Nevada Av. NW

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

OCT 23 1928 BUREAU U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10157

1. PLACE OF DEATH (210-M)

County Montgomery Registration Dist. No. 23

Village or City Rockville Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred 6 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME F. Harold Kurtz If U. S. Veteran, specify WAR No

(a) Residence: No. Rockville Md. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Dorothy M. Kurtz

6. DATE OF BIRTH (month, day, and year): Nov 10 1901

7. AGE: Years 37 | Months 11 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Forrested

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: U. S. Government

10. Date deceased last worked at this occupation (month and year): Oct 12/39

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Rochester New York

FATHER

13. NAME: Frank M. Kurtz

14. BIRTHPLACE (city or town) (State or country): Piltsfuel New York

MOTHER

15. MAIDEN NAME: Anna Emley

16. BIRTHPLACE (city or town) (State or country): New York

17. INFORMANT (Address): Mrs. Dorothy M. Kurtz 303 - Potomac St - Rockville

18. BURIAL, CREMATION, OR REMOVAL

Place: Piltsfuel - Monroe Co. New York State Date: Oct 13, 1939

19. UNDERTAKER (Address): Wm. Reuben Pumphrey Rockville Maryland

20. FILED: Oct. 13, 1939 F. Barnsley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Oct (Month) 13 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Coroner Case, 19 to , 19

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Crushing fracture of frontal portion of head portion of brain oozing ant. Hemorrhage. Date of onset

Other Contributory Causes of importance: Fracture of Right femur

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10/13, 1939

Where did injury occur? See other side (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Public place

Manner of injury Auto accident

Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. E. Hawks M. D.

(Address) Rockville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Auto accident on Rockville Pike 1/2 mile from Montrose Rd.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10158

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Montgomery

City or town: (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Edgewood Sanitarium

Stay in hospital or inst. (yrs., or mos., or days): 4 days

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: County:

City or town: Wash. D.C. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. ~~1302~~ 1302 East Capitol St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Gladia Land

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Divorced

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): July 7, 1904

8. AGE:

Years	Months	Days	If less than one day
35	3	4	hrs. min.

9. Birthplace: Richmond Va. (Town, county, and state)

10. Usual occupation: none

11. Industry or business

FATHER

12. Name: Edgar B. Bryant

13. Birthplace: Colorado

MOTHER

14. Maiden name: Laura E. Smith

15. Birthplace: Colorado

16. Informant: Mrs. E. F. Young

Address: 7325 - 16 St. N. W.

17. ~~(Burial, cremation, or~~ removal. Which?) Date thereof: Oct 11 1939 (month) (day) (year)

Cemetery or crematory: Methodist Church Cem.

Location: Unionville, Va.

18. Funeral director: Martin W. Hysong Co.

Address: 1300 N. St. N.W.

19. Oct. 11 1939 (Date rec'd by registrar) F E Dudley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 11 1939, at 6:5 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 8 1939, to Oct. 11 1939, and that I last saw her alive on Oct. 11 1939

Immediate cause of death	DURATION
Chronic Myocarditis	?
Due to	
Due to	
Other conditions Acute Alcoholism	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Richard B. Thibadeau M.D. M. D. or other

Address: 2012 - R. St. N.W. Date signed: 10/11/39

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MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (210-m)

10159

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
County ~~Howard~~ Montgomery
City or town ~~Simpsonville, Md.~~
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Mont Co. General Hosp.
Stay in hospital or inst. (yrs., or mos., or days) Mont Co Hosp 1 day
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Howard
City or town Clarksville Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Janie Elizabeth Lee

3. (b) Social Security Number

4. Sex F
5. Color or race C.
6. (a) Single, married, widowed, or divorced married
6 (b) Name of husband or ~~wife~~ Thomas E. Lee
Mont. Co., Md 6(c) If alive, give age 24 years
7. Birth date of deceased (mo., day, yr.) April 7, 1918

8. AGE: Years 21 Months 6 Days 16 If less than one day ___ hrs. ___ min.

9. Birthplace Clarksville Md. (Town, county, and state)
10. Usual occupation House work.
11. Industry or business
FATHER 12. Name Kenneth E. Wilson
13. Birthplace Clarksville, Md.
MOTHER 14. Maiden name Laura Holland
15. Birthplace Clarksville, Md.
16. Informant Kenneth E. Wilson
Address Clarksville, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 10 25 39 (month) (day) (year)
Cemetery or crematory Hopkins Cem. Chapel
Location Highland, Md.
18. Funeral director F. C. Higinbotham Jr.
Address Ellicott City, Md.
19. Oct. 23 1939 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 23 1939, at 11 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Owner Desc 19 ___ 19 ___
and that I last saw h ___ alive on ___ 19 ___
Immediate cause of death Depressed fracture of parietal region also frontal
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 10/23/39
Where did injury occur? See over (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE C. E. Hawk M. D. or other
Address Rockville Md Date signed 10/23/39
(over)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

auto accident on 4½ miles from Clarksville between Athon & Clarksville and in Howard Co. Brought to Montgomery Co General hospital

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10160

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (82-a)

County Montgomery Registration Dist. No. 216

Village or City Brookeville Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaretta P. Lewis If U. S. Veteran, specify WAR

(a) Residence: No. 6430 Ridge Drive St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Griffith Lewis

6. DATE OF BIRTH (month, day, and year) April 13-1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House Wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. X

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wales

FATHER

13. NAME David Phillips

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Mary James

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Mrs. Emilie L. Eckeloff

(Address) 6430 Ridge Drive - Brookeville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Wash. D. C. Date 10/7, 1939

19. UNDERTAKER W. W. Chambers Co.

(Address) 3072 M St. N.W. D. C

20. FILED 10-7, 1939 B. C. Perry, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 7 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1939, to Oct 9, 1939.

I last saw h-er alive on Oct 9, 1939; death is said to have occurred on the date stated above, at 12:30 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Heart failure	
Myocardial Degeneration	
Other Contributory Causes of Importance:	
Cerebral Apoplexy.	

Name of operation None Date of

Whet test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) T. J. Dolan M. D.

(Address) 5047 - Conduit Rd.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at **school** or at **home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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OCT 27 1939
BUREAU U.S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10161

1. PLACE OF DEATH (46-B)

County Montgomery — Registration Dist. No. 223

WITHIN CORPORATE LIMITS OF

Village or City Takoma Park, No. Washington Sanitarium + Hosp. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. 1 mos. 23 ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Charles Thomas McClure — If U. S. Veteran, specify WAR ___

(a) Residence: No. Rockville, Maryland St., ___ Ward. ___

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Amelia McClure

6. DATE OF BIRTH (month, day, and year): April 23, 1869

7. AGE: Years 70 — Months 6 — Days 4 — If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: None

10. Date deceased last worked at ~~this~~ occupation (month and year): 1929

11. Total time (years) spent in this occupation: ___

12. BIRTHPLACE (city or town) (State or country): Ellicott City Maryland

FATHER

13. NAME: John McClure

14. BIRTHPLACE (city or town) (State or country): ? Penna.

MOTHER

15. MAIDEN NAME: Manurue Pierce (?)

16. BIRTHPLACE (city or town) (State or country): Ellicott City Md.

17. INFORMANT (Address): Washington Sanitarium Records

18. BURIAL, CREMATION, OR REMOVAL: Place Montgomery Md. Cemetery Date Oct 27, 1939

19. UNDERTAKER (Address): Rob W. Barber, Poplarville Md.

20. FILED 10/27, 1939 J. Wilson Dodd, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 27 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March, 1938, to Oct. 27, 1939

I last saw him alive on Oct. 27, 1939; death is said to have occurred on the date stated above, at 3:50 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	?

Other Contributory Causes of importance:

Name of operation: Laparotomy — Date of 9/26/39

What last confirmed diagnosis? Microscopic — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ___

(Signed) Robert A. Hare M. D.

(Address) Takoma Park, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

10162

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (948)

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:

County Montgomery

City or town Near Wheaton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Montg.

City or town Wheaton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

~~Street No.~~ Silver Spring R.#1
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Jos F. Musgrove

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of ~~husband or~~ wife Theresa M. Musgrove

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 4, 1876

8. AGE: Years 63 Months 8 Days 9 If less than one day ___ hrs. ___ min.

9. Birthplace Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Nicholas Musgrove
13. Birthplace Md.

MOTHER
14. Maiden name Margaret Johnson
15. Birthplace Md.

16. Informant Mrs. Theresa M. Musgrove
Address Silver Spring R. #1

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 16, 1939 (month) (day) (year)

Cemetery ~~or crematory~~ St. John's

Location Forest Glen, Md.

18. Funeral director Warner E. Pumphrey
Address Silver Spring, Md.

19. Oct 15 1939 (Date rec'd by registrar) F. E. Dudley Jr. Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 13 1939, at 7 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw ___ alive on ___ 19___.

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. E. Hawks M. D. or other

Address Rockville Md. Date signed 10/13/39

VS A15 (T) MARGIN RESERVED FOR BINDING (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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NOV 6 1939
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STATE OF MARYLAND—CERTIFICATE OF DEATH

10163

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 214

Village or City Silver Spring No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Porter If U. S. Veteran, specify WAR

(a) Residence: No. 804 Thayer Ave. St., Ward. Silver Spring

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Ida M. Porter

6. DATE OF BIRTH (month, day, and year) May 9 1869

7. AGE: Years 70 Months 5 Days 6 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lowell Mass

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mr. Walter E. Porter

(Address) 804 Thayer Ave - Silver Spring

18. BURIAL, CREMATION, OR REMOVAL

Place Ft Lincoln Cemetery Date Oct. 18 1939

19. UNDERTAKER W. W. Chambers Co.

(Address) Riverdale, Md.

20. FILED Oct 16, 1939 F. E. Wardley Jr. Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 15 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1937, to Oct 15, 1939

I last saw him alive on Oct 12, 1939; death is said to have occurred on the date stated above, at 2:00 A.M. approx

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Congestive Heart failure (acute)	1939 Oct. 12

Other Contributory Causes of importance:

Coronary Disease (Sclerosis)	1937
Dense Anginal Pectoris attack	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) W B Wardrop M. D.

(Address) 913 Bonifant St. Silver Spring

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10164

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Montgomery (1160) Registration Dist. No. 213

Village or City Rockville, Md. No. County Home St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 8 yrs. 2 mos. 14 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Adolphus Scott Rager

(a) Residence: No. County Home (Usual place of abode) St. Poolesville, Md. Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
MALE	WHITE	WIDOWED

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Caroline Baker Rager (Deceased)

6. DATE OF BIRTH (month, day, and year) April 4- 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Plumber.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Burkittsville
(State or country) Maryland

FATHER

13. NAME Rufus Rager.

14. BIRTHPLACE (city or town) Hanover
(State or country) Penna.

MOTHER

15. MAIDEN NAME Lydia Suman.

16. BIRTHPLACE (city or town) Burkittsville
(State or country) Maryland.

17. INFORMANT C. S. Rager
(Address) 1731 K St., N.W., Wash., D.C.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Union Cemetery Date Oct. 30, 1939

19. UNDERTAKER Wesner & Dunphrey
(Address) Rockville, Md.

20. FILED Oct 30, 1939 Faye Barnsley
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October 28 (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from October 7, 1939, to October 28, 1939

I last saw him alive on Oct. 26, 1939; death is said to have occurred on the date stated above, at 12 Eq m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Other Contributory Causes of importance: intracapsular fracture right hip.	Oct. 7, 1939

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? County Home
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury fall from a chair

Nature of injury fractured right hip

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. V. Hartley M. D.

(Address) Poolesville

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10165

1. PLACE OF DEATH (948)

County Montg Co Registration Dist. No. 213

Village or City Rockville md No. 402 Balt. Rd. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George Franklin Ray If U. S. Veteran, specify WAR none

(a) Residence: No. 402 Balt Rd St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Nettie E Ray

6. DATE OF BIRTH (month, day, and year): June 5. 1856

7. AGE: 83 Years | Months: 3 | Days: 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Mt. Rockville md.

FATHER

13. NAME: William Ray

14. BIRTHPLACE (city or town) (State or country): Unknown.

MOTHER

15. MAIDEN NAME: Virginia Ward

16. BIRTHPLACE (city or town) (State or country): Unknown.

17. INFORMANT (Address): George F. Ray Jr. Rockville Md.

18. BURIAL, CREMATION, OR REMOVAL: Rockville union Date Oct 5, 1939

19. UNDERTAKER (Address): Wm Reuben Pumphrey. Rockville md.

20. FILED Oct. 4, 1939 Faye Barnesley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 2 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept., 1935, to Oct 2, 1939

I last saw him alive on Oct. 2, 1939; death is said to have occurred on the date stated above, at 5:40 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	Oct 1, 1939

Other Contributory Causes of importance: arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Esther F. Kuhn M. D.

(Address) Rockville, md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

10166

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (82-a)

County Montgomery Registration Dist. No. 213

Village or City Shady Grove No. R.F.D. Gaithersburg Md St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 67 yrs. 4 mos. 17 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Franklin Ricketts If U. S. Veteran, specify WAR —

(a) Residence: No. R.F.D. Gaithersburg St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emily P. Ricketts

6. DATE OF BIRTH (month, day, and year) May 23, 1872

7. AGE Years 67 Months 4 Days 17 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Farming

10. Date deceased last worked at this occupation (month and year) March 1939

11. Total time (years) spent in this occupation 67 yrs

12. BIRTHPLACE (city or town) Shady Grove (State or country) Maryland

FATHER

13. NAME Richard H. D. Ricketts

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Matilda J. Ricketts

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Emily P. Ricketts (Address) Shady Grove, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Gaithersburg. Date Oct. 12, 1939

19. UNDERTAKER Warner E. Pumphrey (Address) Rockville, Md.

20. FILED Oct 10, 1939 Upton D. Bourne M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 10th (Month) 10th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March, 1935, to Oct 10, 1939

I last saw him alive on Oct 9th, 1939; death is said to have occurred on the date stated above, at 6 30 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	Sept 25/39
Cerebral Hemorrhage	March/39
Arterial sclerosis (genl)	1935
Auricular ventricular	
fibrillation	1935

Other Contributory Causes of Importance:

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify —

(Signed) Upton D. Bourne M. D.

(Address) Dawsonville Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

10167

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

107-a

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH: Montg Co

County Gaithersburg Md (City)

City or town (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) 53 yrs

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Gaithersburg Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. Frederick Ave (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William E Riley

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Annie M Riley

6(c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Sept 24th

8. AGE: Years 1857 82 | Months 1 | Days 3 | If less than one day ___ hrs. ___ min.

9. Birthplace Virginia (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER: 12. Name John Riley

13. Birthplace Va,

MOTHER: 14. Maiden name Ann Crim

15. Birthplace Va

16. Informant Mrs Annie M Riley

Address Gaithersburg Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/29/39 (month) (day) (year)

Cemetery or crematory Forest Oak. Cemetary

Location Gaithersburg Md

16. Funeral director Ernest C Gartner

Address Gaithersburg Md

19. Oct. 28 1939 (Date rec'd by registrar) Alrenda G. Cooke Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 28 27 1939, at 9 20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 15 1939, to Oct 28 1939, and that I last saw him alive on Oct 28 1939.

Immediate cause of death Pneumonia Hypostatic both lungs. — DURATION 4 days

Due to Sub acute nephritis — 2 weeks

Due to

Other conditions Chr. Bronchitis — 2 mos

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Y M Barber M.D. M. D. or other

Address Gaithersburg Md Date signed 9-28/39

10

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CHANGE OF DATE: Letter 11/20/39 under Dr. Barber.-L.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10168

1. PLACE OF DEATH (82a)

County Montgomery — Registration Dist. No. 216

Village or City Brookmont — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Robert W. Sanderson

(a) Residence: No. 6431 Brookline St., Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma C.

6. DATE OF BIRTH (month, day, and year) Aug 31-1845

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
94	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Clergy

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1923 ?

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bond Co. Ill.
(State or country)

FATHER

13. NAME Thomas Sanderson

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Nancy L. Overstreet

16. BIRTHPLACE (city or town) Ala.
(State or country)

17. INFORMANT Frank K. Sanderson
(Address) 6431 Brookline

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Oct 7, 1939

19. UNDERTAKER Jas Gawler's Sons
(Address) 1756 Pa Ave N.W.

20. FILED Oct. 6, 1939 E. C. Perry, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 5 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1934, to October 5, 1939

I last saw him alive on October 5, 1939; death is said to have occurred on the date stated above, at 4:15 p.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct 3/39
Other Contributory Causes of importance: Arteriosclerosis	Unknown

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) Frank E. Daehling M. D.

(Address) 1930 Belmont Rd Wash DC

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (121)

10169

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
County Montgomery
City or town Dunce Orchard.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: R 7. D # 3 Gaithersburg Md
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) 74

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Montg.
City or town Dunce Orchard. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. R 7 D #3 Gaithersburg Md
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3(a) FULL NAME Lillie belle Libby B. Schwartzbeck.
3. (b) Social Security Number None (0)

4. Sex Female
5. Color or race White
6.(a) Single, married, widowed, or divorced Married
6 (b) Name of husband John Frederick Schwartzbeck Sr.
6(c) If alive, give age 75 years
7. Birth date of deceased (mo., day, yr.) March 16 1865
8. AGE: Years 74 Months 7 Days 11 If less than one day ____ hrs. ____ min.
9. Birthplace Frederick Co. Md. (Town, county, and state)
10. Usual occupation Homemaker.
11. Industry or business Housekeeping
FATHER 12. Name Joseph Harbaugh.
13. Birthplace Frederick Co. Md
MOTHER 14. Maiden name Elizabeth Delroux.
15. Birthplace Frederick Co. Md
16. Informant John F. Schwartzbeck Jr.
Address R 7 D # 3 Gaithersburg Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 10 29 39. (month) (day) (year)
Cemetery or crematory Darnestown Presbyt. Church
Location Darnestown Montg Co Md
18. Funeral director Ruben Pumphrey
Address Rockville Md.
19. Oct. 28 1939 H. D. Nourse M D
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 27 — 1939, at 5 31 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 12 1939, to Oct. 26 1939, and that I last saw her alive on Oct. 26 1939

	DURATION
Immediate cause of death Cerebral Thrombosis with hemiplegia	4 days
Due to Arteriosclerosis, general, with cardio-vascular renal lesions	over 5 yrs.
Due to Hypertension	over 5 yrs.
Other conditions Hypostatic pneumonitis — terminal type.	2 days

(Include pregnancy within 3 months of death)

Major findings:
Ot operations
Ot autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Geo. W. Selby, M. D.
M. D. or other
Address Dawsonville, Md. Date signed 10-28-39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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NOV 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10170

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH:
County: Montg
City or town: Gaithersburg Md (City)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Montgomery
City or town: Gaithersburg Ward No.: 5
(If outside city or town limits, write RURAL NEAR and give town)
Street No.:
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Henretta Selby

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: John A Selby

6(c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): Jan 28 1869

8. AGE: Years	Months	Days	If less than one day
70	8	12	____ hrs. ____ min.

8. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: House Wife

11. Industry or business:

FATHER
12. Name: Henry Mullican
13. Birthplace: Md

MOTHER
14. Maiden name: Susan Crown
15. Birthplace: Md

16. Informant: John A Selby
Address: Gaithersburg Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 13 39 (month) (day) (year)
Cemetery or crematory: Forest Oak,
Location: Gaithersburg Md

18. Funeral director: Ernest C Gartner
Address: Gaithersburg Md

19. Oct 12 1939 (Date rec'd by registrar) Abuda L Cooke Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 10 1939, at 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 10 1939, to Aug 8 1939; and that I last saw h[illegible] alive on Aug 8 1939

Immediate cause of death: Myocarditis — DURATION

Due to: Senile Senility

Due to: —

Other conditions: —

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: — Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: 2 Injured at work?

23. SIGNATURE: J. N. Simpson M. D. or other
Address: Gaithersburg Md. Date signed: 10/11/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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NOV 6 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10171

(57)

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 213

Village or City Rockville, Md 209 First St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. 1 mos. 10 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Laura F. Simpson If U. S. Veteran, specify WAR

(a) Residence: No. Rockville, Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of A W Simpson

6. DATE OF BIRTH (month, day, and year) Aug 27 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. At home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Greenbury Johnson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME unknown Brown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Annie Espy
(Address) 209 First St. Rockville

18. BURIAL, CREMATION, OR REMOVAL
Place Prov. dev. Cem. Date Oct. 13, 1939

19. UNDERTAKER Edward F. Kingsbury Jr.
(Address) Ellicott City Md

20. FILED 10-11, 1939 Faye Barnesley
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 10 (Day), 193 9 (Year).

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1937 to Oct 10, 1939

I last saw her alive on Oct 10, 1939; death is said to have occurred on the date stated above, at 2:10 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute dilatation of heart	Oct 9
Arteriosclerosis	
Other Contributary Causes of importance:	
Atrophic cirrhosis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Esther F. Kuhn M. D.

(Address) Rockville Md.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (47-C)

CERTIFICATE OF DEATH

10172

Reg. Dist. No. 216

1. PLACE OF DEATH:

County: Montgomery

City or town: Rockville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Waverly Sanatorium

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 3 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: D.C. County:

City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 2301 Conn. Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Ella Rust Smith

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Jame M. Smith

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan. 26, 1856

8. AGE: Years	Months	Days	If less than one day
83	9	3	hrs. min.

9. Birthplace: Westmoreland Co., Va.
(Town, county, and state)

10. Usual occupation: None

11. Industry or business: None

FATHER — 12. Name: John Rust

FATHER — 13. Birthplace: Seaford, Delaware

MOTHER — 14. Maiden name: Elizabeth Ellen Rose

MOTHER — 15. Birthplace: Talbot County, Md.

16. Informant: Mrs. W. W. Peirce

Address: 2301 Conn, Ave., Washington D.C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 31, 1939 (month) (day) (year)

Cemetery or crematory: Rock Creek Cemetery

Location: Washington, D.C.

18. Funeral director: W. Reuben Pumphrey

Address: 7005 Wis. Ave Bethesda Md

19. 10-30 1939 (Date rec'd by registrar) B. C. Perry, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 29, 1939, at 9-10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 1917 to Oct 29 1939, and that I last saw her alive on Oct 29 1939.

Immediate cause of death: Pulmonary edema & circulatory failure — DURATION:

Due to: Chronic hypertonitis & general hypertonic sclerosis

Due to: and impairment by fracture intertrochanteric of femur

Other conditions: Pt. dying the past 3 days (over)
(Include pregnancy within 3 months of death)

Major findings:

Dt operations: None

Dt autopsy: None -

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: W. Calvin Noon, M.D.
M. D. or other

Address: 1824 Mass. Ave., Wash. D.C. Date signed: 10/29/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Mrs. Smith has been an invalid for the past 3 years, during most of which time she has been confined to her room & to bed — She had a carcinoma of the nasal bones 4 yrs. ago, which was apparently cured by intensive xray treatment & other local treatment. I have for some time suspected the possibility of metastatic intestinal growth, and believe the partial obstruction, clinically evident the past 3 days may have been due to such a growth —

W. Cabell Moore —

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NOV 4 1939
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10173

Reg. Dist. No. 211

1. PLACE OF DEATH:
County: Montg Co
City or town: Boyds R F D-1
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days): 6 Months
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Pa County: Foxchase. Philadelphia
City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Jane Howard Smith

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

B (b) Name of husband or wife: John Smith

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec 14th, 1854

8. AGE: Years	Months	Days	If less than one day
84	9	26	hrs. min.

9. Birthplace: England
(Town, county, and state)

10. Usual occupation: House Wife,

11. Industry or business:

FATHER — 12. Name: Henry Howard
13. Birthplace: England

MOTHER — 14. Maiden name: Unknown
15. Birthplace: "

18. Informant: John Smith,
Address: Boyds, R F D-1

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 13 39 (month) (day) (year)
Cemetery or crematory: Penny Pack Cemetary,
Location: NearBuctleton.Pa,
18. Funeral director: Ernest C Gartner
Address: Gaithersburg Md

19. Oct 10 1939 (Date rec'd by registrar) W. E. Lewis. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 10 1939, at 9:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ~~on~~ on October 8th 1939 to 18; and that I last saw her alive on October 8th 1939.

Immediate cause of death	DURATION
Toxemia, general	2 wks.
Due to Gangrene, left leg	2 yrs.
Due to Arteriosclerosis, generalized, with heart failure	more than 2 yrs.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Geo. D. Selby, M.D. (M. D. or other)
Address: Dawsonville, Md. Date signed 10-11-39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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STATE OF MARYLAND—CERTIFICATE OF DEATH

10174

(131)

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 214

Village or City Kensington No. 49 St. Paul St. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. 2 mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Theodore Weigel Stetler If U. S. Veteran, specify WAR

(a) Residence: No. 49 St. Paul St. St., Ward Kensington, Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	widowed

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Lavinia Ann Sheffer

6. DATE OF BIRTH (month, day, and year) March 19, 1846

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	93	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. lumber yard

10. Date deceased last worked at this occupation (month and year) 1918

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Dover (State or country) Pennsylvania

FATHER

13. NAME John Stetler

14. BIRTHPLACE (city or town) unknown (State or country)

MOTHER

15. MAIDEN NAME Sarah Weigel

16. BIRTHPLACE (city or town) Weigelstown (State or country) Pennsylvania

17. INFORMANT Mrs. L. B. Noble (Address) 49 St. Paul St., Kensington

18. BURIAL, CREMATION, OR REMOVAL Place Wash'n, D. C. Date 10-12-1939

19. UNDERTAKER W. M. Lees Son (Address) 300 4th St. N.E.

20. FILED Oct 12, 1939 Margaret L. Treacy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 12 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct. 9, 1939, to Oct. 12, 1939

I last saw him alive on Oct. 12, 1939; death is said to have occurred on the date stated above, at 9:50 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1924
Chronic interstitial nephritis	1929
Cerebral hemorrhage	10/9/39

Other Contributory Causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Katharine R. Chapman M. D.

(Address) 202 W. Baltimore St., Kensington

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10175

(131)

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 216

Village or City Chevy Chase No. 36 Drummond Ave. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 5 yrs. 2 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Pauline Lemmer Stucky If U. S. Veteran, specify WAR

(a) Residence: No. 36 Drummond Ave. St., Ward. Chevy Chase, Md.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Emil G. Stucky

6. DATE OF BIRTH (month, day, and year) June 19, 1864

7. AGE Years 75 Months 3 Days 18 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Teacher of voice
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year) 1924
11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Pittsburgh, Pa.

FATHER
13. NAME John Lemmer
14. BIRTHPLACE (city or town) (State or country) Thürringen Germany

MOTHER
15. MAIDEN NAME Sophia Gies
16. BIRTHPLACE (city or town) (State or country) Wilhelm's Kirche Alsace - Lorraine

17. INFORMANT Mr. Thomas C. Billig
(Address) 36 Drummond Ave. Chevy Chase, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Lincoln, Md. Date 10/10/ 1939

19. UNDERTAKER The S. H. Hines Co.
(Address) 2901-14 Ld. Washington, D.C.

20. FILED Oct 7 - 1939 Thomas K. Conway Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 7 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct. 5, 1939, to October 7, 1939

I last saw her alive on Oct. 7, 1939; death is said to have occurred on the date stated above, at 10 45 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with hypertension	1922
Cerebral hemorrhage	Dec. 1937 10/7/39

Other Contributory Causes of Importance: Chronic interstitial nephritis

Name of operation no Date of

What test confirmed diagnosis? Urinalysis Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following: —

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Katharine A. Chapman M. D.

(Address) 20 W. Balto. St., Kensington

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal eause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1928*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (59)

10176

CERTIFICATE OF DEATH

Reg. Dist. No. 218

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: MOntg Co

City or town: Gaithersburg Md (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Methodist Home

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 1yr 5 Mo

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: Anarundal

City or town: Harmans Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Ella Jane Sumwalt

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: John H Sumwalt

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan 26th 1864

8. AGE: Years	Months	Days	If less than one day
75	8	18	hrs. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: House Keeping

11. Industry or business: Resin H Harman

FATHER — 12. Name: Md

FATHER — 13. Birthplace

MOTHER — 14. Maiden name: Scharolet Griffith

MOTHER — 15. Birthplace: Md

16. Informant: Methodis Home, H M Wilson.

Address: Gaithersburg Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 16th 39 (month) (day) (year)

Cemetery or crematory: Cedar Hill,

Location: Near Harman Md

18. Funeral director: Ernest C Gartner

Address: Gaithersburg Md

19. Oct 14 1939 (Date rec'd by registrar) Alonda G. Cooke Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 14th 1939, at 7-40 a m

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1939, to Oct 14 1939 and that I last saw her alive on Oct 14 1939

Immediate cause of death	DURATION
Cerebral hemorrhage	4 days
Due to Arteriosclerosis	
Due to	
Other conditions Diabetes	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Esther F. Kuhn M.D. M. D. of other

Address: Rockville Md Date signed Oct 14 39

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10177

STATE OF MARYLAND—CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 217

Village or City Sandy Spring No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary M Tilton If U. S. Veteran, specify WAR

(a) Residence: No. Sandy Spring Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX fem

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Jas W Tilton

6. DATE OF BIRTH (month, day, and year) Sept 14-1854

7. AGE Years 80 Months 1 Days 12 If LESS then 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housekeeper

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own home

10. Date deceased last worked at this occupation (month and year) 1939

11. Total time (years) spent in this occupation 60 yrs

12. BIRTHPLACE (city or town) (State or country) Flushing N. Y.

FATHER

13. NAME Jas T. Moore

14. BIRTHPLACE (city or town) (State or country) Sandy Spring Md

MOTHER

15. MAIDEN NAME Anne F Leggett

16. BIRTHPLACE (city or town) (State or country) New York City N. Y.

17. INFORMANT (Address) Milton Bancroft Sandy Spring Md

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Sandy Spring Date Oct 29, 1939

19. UNDERTAKER (Address) Wm. Rickard Humphrey Rockville Md

20. FILED Oct. 29, 1939 Gertrude B. Lawler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) - 26th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1939, to Oct 26, 1939

I last saw her alive on Oct 26, 1939; death is said to have occurred on the date stated above, at 7:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Uremia	10/22/39

Other Contributory Causes of importance:

Chr Myocarditis	5 mo

Name of operation no Date of —

What test confirmed diagnosis? Examination Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Charles Tumblison M. D.

(Address) Sandy Spring Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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BUREAU V.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

10178

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (93-C)

County Montgomery Registration Dist. No. 214

Village or City Silver Spring No. 410 Kingsbury Drive Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Harris Tompkins If U.S. Veteran, specify WAR —

(a) Residence: No. 410 Kingsbury Drive St., Ward. Silver Spring, Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widower

5s. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Rachel Anne Tompkins

6. DATE OF BIRTH (month, day, and year) Dec. 31, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	93	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired Farmer

9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and yeer) 1928

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maquoketa, Iowa

FATHER

13. NAME Horace Tompkins

14. BIRTHPLACE (city or town) (State or country) London England

MOTHER

15. MAIDEN NAME Amanda Ballard

16. BIRTHPLACE (city or town) (Stete or country) Vermont

17. INFORMANT Miss Verbena A. Tompkins

(Address) 410 Kingsbury Drive

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Tunnel City, Monroe County, Wis. Date Oct. 15, 1939

19. UNDERTAKER Warner E. Pumphrey

(Address) Silver Spring, Md.

20. FILED Oct 13, 19 39 F. S. Dudley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH ~~Oct~~ (Month) 13 (Day) 193 9 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw him alive on ....., 19.....; deeth is said to have occurred on the dete stated ebove, at 9:45 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
unattended by physician	
due religious belief	

Other **Contributory Causes** of Importance:

Name of operetion ..... Date of .....

What test confirmed diegnosis? ..... Was there an au'opsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? None Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in eny wey related to occupation of deceesed? No

If so, specify .....

(Signed) O. E. Hawks M. D.

(Address) Rockville

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10179

1. PLACE OF DEATH (131)

County Montgomery Registration Dist. No. 223

Village or City Takoma Park No. Wash. San + Hosp. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mr. David S. Venezky if U. S. Veteran, specify WAR

(a) Residence: No. 2628 - 22nd St. N.E. St., Ward. Wash. D.C.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Gussie Venezky

6. DATE OF BIRTH (month, day, and year): April 19, 1885

7. AGE: Years 56 | Months 5 | Days 18 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Salesman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Meat Industry

10. Date deceased last worked at this occupation (month and year): June 15 1939

11. Total time (years) spent in this occupation: 44 yrs.

12. BIRTHPLACE (city or town) (State or country): New York City New York

FATHER

13. NAME: Harris Venezky

14. BIRTHPLACE (city or town) (State or country): Odessa Russia

MOTHER

15. MAIDEN NAME: Rebecca Domosch

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT (Address): Wash. San. + Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place: Washington Tuxedo Date: 10/7/39

19. UNDERTAKER (Address): B Dewansky & Son 3501 Ft. Mott

20. FILED: 10-7, 1939 [signature] Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October 7, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from August, 1938, to October 7, 1939

I last saw him alive on October 7, 1939; death is said to have occurred on the date stated above, at 6.05 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Glomerular Nephritis	—
Hypertension	—
Generalized arteriosclerosis	—

Other Contributory Causes of Importance:

Uremia	Sept 1, 1939

Name of operation ____ Date of ____

What test confirmed diagnosis? Blood chem. Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ____

(Signed) S J Sugar M. D.

(Address) 5000 - 2nd St., N.W., Wash. D.C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92)

CERTIFICATE OF DEATH

10180

Reg. Dist. No. 214

1. PLACE OF DEATH:
County: Montg Co
City or town: Wheaton, Rockville R F D #2
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or insl. (yrs., or mos., or days): 4 weeks
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: County:
City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME Nathan Walter Walker

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

B (b) Name of husband or wife: Virgie B Walker
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Mar 5th 1886

8. AGE: Years	Months	Days	If less than one day
1886 53	7	0	hrs. min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: School Bus Driver,

11. Industry or business

FATHER 12. Name: Critiden H Walker
13. Birthplace: Md

MOTHER 14. Maiden name: Jennie Coomes
15. Birthplace: Md

16. Informant: Alice Gloyd
Address: Gaithersburg Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Oct 8/39
(month) (day) (year)

Cemetery or crematory: Rockville Union Cemetary
Location: Rockville Md

18. Funeral director: Ernest C Gardner
Address: Gaithersburg Md

19. Oct 6 1939
(Date rec'd by registrar)
Margaret C. Tremearne
Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 3 5 1939, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from [illegible] 19, to 19, and that I last saw h alive on 19.

Immediate cause of death: Coroner Case Chronic Myocarditis — DURATION

Due to:

Due to:

Other conditions: Cellulitis of right leg
(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: No Date of
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work? No

23. SIGNATURE: C E Hawks M. D. or other
Address: Rockville Md Date signed

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73-C)

10181

CERTIFICATE OF DEATH

Reg. Dist. No. 218

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: Montg Co

County

City or town Gaithersburg Md (City)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Gaithersburg Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Alberta Ward

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow.

6 (b) Name of husband or wife Ignatius H Ward

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 19th 1870

8. AGE:

Years	Months	Days	If less than one day
69	8	1	hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation House Wife

11. Industry or business

FATHER 12. Name John S Davis

13. Birthplace Md

MOTHER 14. Maiden name Mary Phoebus

15. Birthplace Md

16. Informant Percy Ward

Address Gaithersburg Md

17. Burial Oct 22/39

(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory Forest Oak, Gaithersburg Md

Location Gaithersburg Md

18. Funeral director Ernest C Gartner

Address Gaithersburg Md,

19. Oct 21 1939 Alexander L Cooke

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 20th 1939, at 1.15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 13 1939 to Oct 20 1939, and that I last saw h alive on Oct 19 1939.

	DURATION
Immediate cause of death Malnutrition	2 Mos
Due to Anemia	7 yrs
Due to Chr Bronchitis	10 yrs
Other conditions Chr. Myocarditis	5 yrs

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Y M Barber M.D.

M. D. or other

Address Gaithersburg Date signed Oct 20/39

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STATE OF MARYLAND—CERTIFICATE OF DEATH

10182

(167)

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 223-

Village or City Takoma Park, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William R. Webb If U. S. Veteran, specify WAR

(a) Residence: No. 5811 - 5th St. N.W. St., Ward. Washington, D.C.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 9 1917.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Clerk

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Gov't Printing Office

10. Date decreased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Colorado

FATHER

13. NAME Thos A. Webb

14. BIRTHPLACE (city or town) (State or country) Colorado

MOTHER

15. MAIDEN NAME Thula May Oliver

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT Theo Webb

(Address) 1025-14th St Greeley Col.

18. BURIAL, CREMATION, OR REMOVAL

Place Washington D.C. Date Oct 25, 1939.

19. UNDERTAKER J. Luck Walters

(Address) 254 Carroll St Takoma Park D.C.

20. FILED 10/25/39, 1939 Wm Odell

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October 22, 1939

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from found dead on arrival, 19 to Oct. 22, 1939.

I last saw him ~~alive~~ dead on Oct. 22, 1939; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
rifle shot through right temple	
Other Contributory Causes of Importance: Hemorrhage of brain.	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Oct. 22, 1939

Where did injury occur? at home right temple (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury self inflicted

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. O. Hartley M. D.

(Address) Rockville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

10183

STATE OF MARYLAND—CERTIFICATE OF DEATH

(23)

1. PLACE OF DEATH

County Montgomery Co Registration Dist. No. 214

Village or City Silver Springs No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Edward Wilson

(a) Residence: No. 8212 Fenton st St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): May 20 1915

7. AGE: Years 24 | Months 4 | Days 25 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. clerk

10. Date deceased last worked at this occupation (month and year) 7-10-39

11. Total time (years) spent in this occupation 3 yrs

12. BIRTHPLACE (city or town) (State or country) Wash D.C.

FATHER

13. NAME Theo M Wilson

14. BIRTHPLACE (city or town) (State or country) Wash D.C

MOTHER

15. MAIDEN NAME Wilhemina Nau

16. BIRTHPLACE (city or town) (State or country) Wash D.C

17. INFORMANT (Address) Mr T. M. Wilson

18. BURIAL, CREMATION, OR REMOVAL

Place Wash D.C. Date 10/15, 1939

19. UNDERTAKER (Address) M. Huntemann 5732 Ga Ave N.W.

20. FILED Oct 15, 1939 F. E. Dudley Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct ber (Month) 15 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 1937, to Oct, 1937

I last saw him alive on Oct. 15, 1937; death is said to have occurred on the date stated above, at 7:00 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

Other Contributory Causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. A. Reedy M.D.

(Address) 4921 New Hamp Ave NW

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10184

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Montgomery (1) Registration Dist. No. 214

Village or City Silver Spring No. Linwood St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Young, Infant

(a) Residence: No. Linwood St., Silver Spring Ward

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	C	Single

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, end year) Oct 13, 39

7. AGE	Years	Months	Days	If LESS then 1 day hrs. or min.
				— —

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Linwood, Silver Spring (State or country) Md

FATHER

13. NAME John Young

14. BIRTHPLACE (city or town) Primrose Town (State or country) Ire

MOTHER

15. MAIDEN NAME Martha (Young) Hunter

16. BIRTHPLACE (city or town) Wheeling, W. Va. (State or country)

17. INFORMANT Martha Young (Address) Linwood, Silver Spring

18. BURIAL, CREMATION, OR REMOVAL Place Prince Geo. Co. Md. Md. Natl. Park

19. UNDERTAKER Dr. F. C. W. Mitchell (Address) Silver Spring

20. FILED Oct 13, 1939 F. E. Linden Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct 13 ? (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to Oct 13, 19 39

I last saw h... alive on ..., 19...; deeth is said to heve occurred on the date stated ebove, et ... m.

The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance were as follows:

	Date of onset
Still birth	Oct 13-39
Other Contributory Causes of importance: Maternal Syphilis	

Name of operetion None Date of ...

What test confirmed diegnosis? Wassermen Was there an eu'opsy? No

23. If deeth was due to external ceuses (VIOLENCE) fill in elso the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of Injury ...

Nature of Injury ...

24. Was diseese or injury in any way releted to occupation of deceased? No

If so, specify ...

(Signed) F. C. W. Mitchell M. D.

(Address) Silver Spring, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

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Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN